



Wisconsin Department of Public Instruction
DISTRICT WAIVER FOR ONE PERCENT CAP
Wisconsin Alternate Assessment (WAA) —
Students with Disabilities
PI-9550-WAA (New 11-04)

INSTRUCTIONS: Complete and return to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
DIVISION FOR LEARNING SUPPORT: EQUITY AND ADVOCACY
SPECIAL EDUCATION TEAM
P.O. BOX 7841
MADISON, WI 53707-7841

This waiver is to be submitted to the Department of Public Instruction when a district has exceeded the one percent cap that limits the number of proficient scores on the Wisconsin Alternate Assessment (WAA) for Students with Disabilities that may be included in Adequate Yearly Progress (AYP) decisions.

Explanation for Waiver:

34 CFR 200.13(c)(i) permits Wisconsin to grant a waiver to school districts that exceed the one percent cap for students with significant cognitive disabilities who are proficient on the WAA for calculations of AYP. The term, "significant cognitive disabilities" is not limited to the Wisconsin impairment category, "Cognitive Disabilities".

I. GENERAL INFORMATION		
School District	Mailing Address <i>Street, City, State, Zip</i>	
District Administrator	E-Mail Address	Telephone Area/No.

II. ASSURANCES

The LEA assures that:

- ☐ 1. Individualized Education Program (IEP) teams have correctly used the *Wisconsin Alternate Assessment (WAA) Participation Checklist* to determine which students will participate in the WAA due to their significant cognitive disability.
- ☐ 2. Teachers and staff have received staff development opportunities to provide them with the knowledge and skills to administer the WAA.
- ☐ 3. Students who will be participating in the WAA are included, to the extent possible, in the general curriculum.
- ☐ 4. Parents are informed of their child's participation in the WAA and implications of participating in an alternate assessment.
- ☐ 5. The administration of the WAA was valid for each student.

III. NARRATIVE

Our district incidence rate of students with the most significant cognitive disabilities exceeds one percent of all students in the grades assessed due to the reason(s) checked below. Briefly explain circumstances for any checked reason(s).

- ☐ Small district size *Explain Below*
- ☐ Programs/Services within the community for this population of students *Explain Below*
- ☐ Other

Explanation

IV. SIGNATURE

I HEREBY CERTIFY that the information provided is true and correct to the best of my knowledge.

Signature of School District Administrator	Date Signed

FOR DPI USE

- ☐ Approved
- ☐ Disapproved *State Reason(s) for Disapproval*

Signature of Designated DPI Representative	Date Signed